SGPC: SHAILESH GANDHI M.D. P.C.

PATIENT HISTORY FORM (1)

Name	Sex	Date of Birth
Work/Position	School/Grade	
Who lives at Home		

Why are you coming to the Clinic?

A. If Present, Please Mark-- Mild (1) Moderate (2) Severe (3)

___Hyperactive ___Distractible ___Acting on Impulse ___Inattentive ___Poor School/Work Performance

___Have you previously taken ADDERALL/RITALIN/METADATE/CONCERTA/FOCALIN/STRATTERA/PROVIGIL?

B. If Present, Please Mark-- Mild (1) Moderate (2) Severe (3)

___Sleep Trouble ___Nightmares ___Depressed Mood ___Irritability ___Weight up/down
___Appetite up/down ___Interest Level Change ___Feeling Guilt ___Suicide Thoughts ___Suicide Attempts
___Mood Swings ___Rapid Thoughts ___Risk Taking Behavior ___Spending Money on Impulse
___ "Nothing Wrong" Attitude ___Overly Sexual Behavior

C. If Present, Please Mark-- Mild (1) Moderate (2) Severe (3)

___Temper Problem ___Anger Outbursts ___Blaming Others ___Sassy-Disobedient Behavior
___Defies Rules/Argues ___Does not Listen ___Does not Obey ___Theft/ Shoplifting ___Fire-setting
___Cruelty to People/Animals ___Thoughts of Hurting Others

D. If Present, Please Mark-- Mild (1) Moderate (2) Severe (3)

___Anxiety/Nervousness ___Constant Worry ___Biting nails/clothing ___Obsessive Worry ___Compulsive Behaviors
___Flashbacks/Past Bad Memories ___Avoiding People ___Fear of Losing Parents/Family Members_____
___Specific Fears (explain)_____

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PATIENT HISTORY FORM (2)

E. If Present, Please Mark-- Mild (1) Moderate (2) Severe (3)

___Hearing Voices ___Seeing Images ___Paranoid Thinking/Feeling ___Confused Thinking
___Magical Thinking/Beliefs

F. If Present, Please Mark-- Mild (1) Moderate (2) Severe (3)

___Voiding Problems/Bedwetting ___Soiling with Stools ___Poor connectedness with caretaker ___Speech Problems
___Muscle tics/twitching ___Vocal tics ___Cursing ___Clumsiness
___Rocking/Head Banging ___Socialization Problems ___Repeating words/Echolalia ___Aggressive Behavior

G. Have you encountered…

___Physical Abuse By Whom/When_____
___Emotional Abuse By Whom/When_____
___Sexual Abuse By Whom/When_____
___Self Harm Behaviors How/When_____
___Suicide Attempt How/When_____

H. Please describe any past psychiatric and/or rehabilitation treatment (who, when, helpful?, medication, etc.)

I. Alcohol History

Alcohol Use- How much? How Often? How Long Used?_____

Circle all that apply → Black outs Hallucinations Seizures Delirium DUI
Last Use/ How Much?

J. Drug History Fill in Boxes.

	Cocaine	Marijuana	Speed	Inhalants	Acid	Pills	Other_____
Last Used Date							
How Long Used							
Amount							
Past Treatment							

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MEDICAL INFORMATION (3)

Who is filling out this form? ___Self ___Mother ___Father ___Other (Name and Relationship)_____

Primary Care Doctor:

Phone #: Fax #:

Previous Psychiatrist:

Medication allergies: Yes / No (If Yes, Explain Below)

_____

_____

Current Medications & Dosage:

Significant Medical & Psychiatric History (Explain Below)

Problem List	Patient (Indicate Yes/No)	Family (Indicate Relation)
Asthma		
Cancer		
Diabetes		
Head Injury		
Lead Intoxication		
Seizures		
Tobacco Use		
Thyroid Disease		
Alcohol Problems		
Anxiety Disorder		
Attention Deficit Disorder		
Bipolar Disorder		
Depression		
Schizophrenia		

Occupation:

Marital Status:

Spouse/Significant Other:

Name_____

Length of Relationship_____

Occupation_____

Children (If any, Indicate Ages):

_____

_____

_____

_____

Contact Information:

Best Phone Number for Appointment Reminder:

_____

Best Method for Appointment Reminder:

Phone_____ Text Message_____

Best Time of Day:

___Morning ___Afternoon ___Evening

Email Address:

_____

Other Psych History:

_____

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_____

Patient: Last Name_____, First Name_____

THIS PAGE FOR PATIENTS 18 AND UNDER ONLY (4)

K. Please check all that apply and explain.

___Complications with Pregnancy/ Delivery_____
___Alcohol/Drug Use during pregnancy_____
___Low Birth weight ___C-Section ___Incubator ___Discipline Measures Used
___Delay in Walking ___Delay in Talking ___Speech Problems ___Behavior Modification Used

L. Please fill-in blanks

What Grade are you currently in? _____
Grades this Year_____ Grades past 3 Years_____ Special Education_____
School Behavior Problems_____ Suspensions_____
Legal Problems_____

M.